



Restorative Justice
Louisville

Conference Agreement

Case number 00246333-
Name of Offender: Daniel Horne
Name of Victim: JCRS
Offense(s): Criminal Mischief 1st Date of Meeting: 6/10/2013

AGREEMENT

The following agreement was reached:

1. I, _____ agree to pay victim _____ \$ _____
Payment will be made in full by (date) _____ or in payments as follows:

Unless paid to the victim at the meeting, payments will be mailed to:

Additional Agreement(s):

2. Daniel Horne will complete 18 hours of
community service (6 hours per week for 3
weeks) on Wed. & Sat beginning @ 9:00a
Begin on 6/12.
3. _____
4. _____
5. _____

Use additional sheets if necessary.

We further understand that this agreement will be shared with the following:

We also understand that a copy of this agreement shall be provided to the Court and a copy maintained by Restorative Justice Louisville.

Signatures

 6-10-17

Person who was Harmed Date

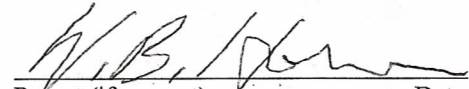
Parent (if present) Date
(If person harmed under 18 years of age)

Person who was Harmed Date

Parent (if present) Date
(If person harmed under 18 years of age)

 6-10-17

Person Who Caused Harm Date



Parent (if present) Date
(If person is under 18 years of age)

Person Who Caused Harm Date

Parent (if present) Date
(If person is under 18 years of age)

Conference Participant Date

Conference Participant Date

Conference Participant Date

Conference Participant Date

Conference Participant Date

Conference Participant Date

Conference Participant Date

Conference Participant Date

Conference Participant Date

Conference Participant Date

Use additional signature sheets if needed.

Return original to:
Restorative Justice Louisville Inc. Coordinator
514 West Liberty Street, Suite 106
Louisville, KY 40202